## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

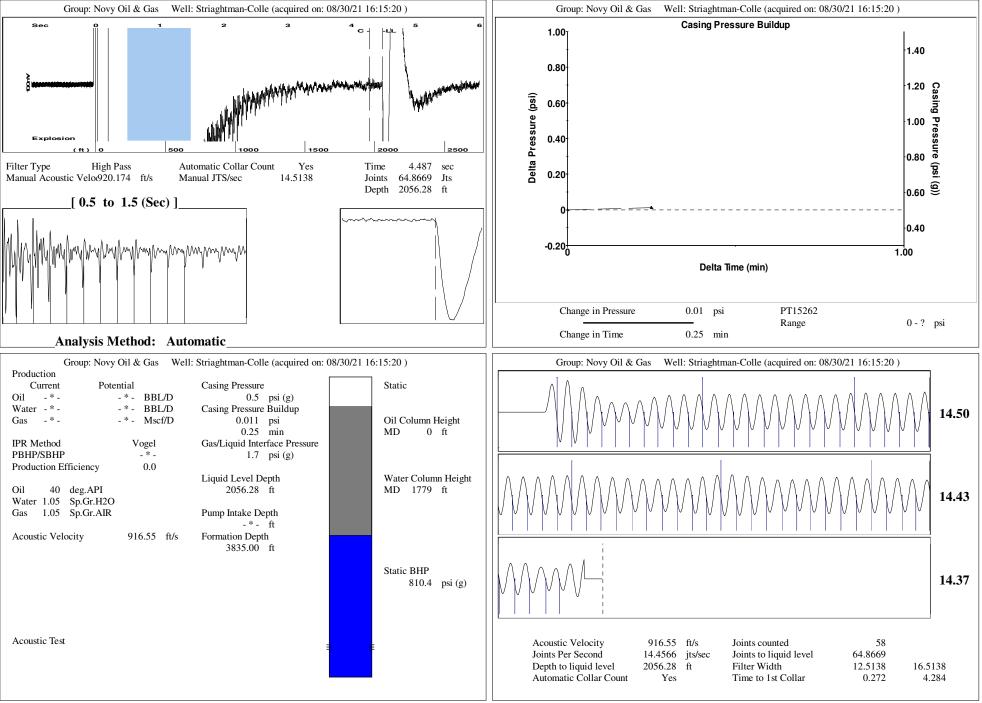
| OPERATOR: License# Name:                                 |                                    |             |           |                        | API No. 15   |                 |             |                    |          |        |          |
|--|------------------------------------|-------------|-----------|------------------------|--|-----------------|-------------|--------------------|----------|--------|----------|
|  |                                    |             |           |                        |  |                 |             |                    |          |        |          |
| Address 1:   |                                    |             |           |                        |  | Se              | ec          | Twp S. R           |          | E      | E 🗌 W    |
| Address 2:   |                                    |             |           |                        |  |                 |             | _ feet from _ N    |          |        |          |
| City:          Zip:         +            Contact Person: |                                    |             |           |                        | GPS Location: Lat:, Long:, Long:, Datum: NAD27 NAD83 WGS84 |                 |             |                    |          |        |          |
|  |                                    |             |           |                        |  |                 |             |                    |          |        | Phone:() |
| Contact Person Email:                                    |                                    |             |           |                        |  |                 |             | Well               |          |        |          |
| Field Contact Person:                                    |                                    |             |           |                        | Well Type: (   | check one) 🗌 (  | Dil Gas     | OG wsw             | Other: _ |        |          |
| Field Contact Person Phor                                |                                    |             |           |                        | SWD Permit #:         ENHR Permit #:                       |                 |             |                    |          |        |          |
|  |                                    |             |           |                        |  | rage Permit #:_ |             |                    |          |        |          |
|  |                                    |             |           |                        | Spud Date:   |                 |             | Date Shut-In:      |          |        |          |
|  | Conductor                          | Surfa       | ce        | Pro                    | duction  | Intermedia      | ate         | Liner              |          | Tubing |          |
| Size   |                                    |             |           |                        |  |                 |             |                    |          |        |          |
| Setting Depth  |                                    |             |           |                        |  |                 |             |                    |          |        |          |
| Amount of Cement   |                                    |             |           |                        |  |                 |             |                    |          |        |          |
| Top of Cement  |                                    |             |           |                        |  |                 |             |                    |          |        |          |
| Bottom of Cement   |                                    |             |           |                        |  |                 |             |                    |          |        |          |
| Casing Fluid Level from Su                               | urface:                            |             | How Deter | mined?                 |  |                 |             | Da                 | ate:     |        |          |
| Casing Squeeze(s):                                       |                                    |             |           |                        |  |                 |             |                    |          |        |          |
| Do you have a valid Oil & (                              | Gas Lease? 🗌 Yes 🏾                 | No          |           |                        |  |                 |             |                    |          |        |          |
| Depth and Type: Dunk                                     | in Hole at                         | Tools in Ho | e at      | _ Cas                  | sing Leaks:  | Yes No          | Depth of ca | sing leak(s):      |          |        |          |
| Type Completion:   |                                    |             |           |                        |  |                 |             |                    |          |        |          |
| Packer Type:   |                                    |             |           |                        |  |                 |             | (depth)            |          |        |          |
| Total Depth:   | Plug Back Depth: Plug Back Method: |             |           |                        |  |                 |             |                    |          |        |          |
| Geological Date:   |                                    |             |           |                        |  |                 |             |                    |          |        |          |
| Formation Name   | Formation Top Formation Base       |             |           | Completion Information |  |                 |             |                    |          |        |          |
| 1  | At:                                | to          | Feet      | Perfor                 | ation Interval _   | to              | Feet or     | Open Hole Interval |          | to     | Feet     |
| 2  | At:                                | to          | Feet      | Perfor                 | ation Interval -   | to              | Feet or     | Open Hole Interval |          | to     | Feet     |
|  | D IIIDV I LEDEDV ATT               |             |           |                        |  |                 |             |                    | E MV 1/1 |        | DOE      |
|  |                                    | ć           | Submitter |                        | straniaall   |                 |             |                    |          |        |          |

## Submitted Electronically

| <i>Do NOT Write in This<br/>Space -</i> KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                                 |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 D                               | Denied Date: |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

| Norm         Norm <th< th=""><th>KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801</th><th>Phone 620.682.7933</th></th<> | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|---|--|--------------------|
|   | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
|   | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
|   | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |





Phone: 316-337-7400 Fax: 316-630-4005 http://kcc.ks.gov/

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Susan K. Duffy, Commissioner Laura Kelly, Governor

September 01, 2021

Michael E. Novy Novy Oil & Gas, Inc. PO BOX 559 GODDARD, KS 67052-0559

Re: Temporary Abandonment API 15-155-21393-00-00 STRAIGHTMAN 1 NW/4 Sec.30-23S-10W Reno County, Kansas

Dear Michael E. Novy:

"Your temporary abandonment (TA) application for the well listed above has been approved. In accordance with K.A.R. 82-3-111 the TA status of this well will expire 09/01/2022.

\* If you return this well to service or plug it, please notify the District Office.

\* If you sell this well you are required to file a Transfer of Operator form, T-1.

\* If the well will remain temporarily abandoned, you must submit a new TA application, CP-111, before 09/01/2022.

You may contact me at the number above if you have questions.

Very truly yours,

Virgil Clothier"